PART B - FEE(S) TRANSMITTAL

Complete and send t	his form together wi	th applicable f	ee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner 1 P.O. Box 1450 Alexandria, Vir (571) 273-2885	E FEE for Patents ginia 22313-1450		
INSTRUCTIONS. This fo appropriate. All wither con indicated unless constitution	rm should be used for transcriptions of directed otherwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUB rders and notificat a) specifying a nev	LICATION FEE (if requion of maintenance fees	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep	should be completed when t correspondence address a parate "FEE ADDRESS" fo	
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46575 7590 01/30/2006				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
JAMES J. GELPI, JR. 916 RICHARD STREET GRETNA, LA 70053 3/13/2006 MAHMED2 00000005 10710992				I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi ail Stop ISSUE FEE address PTO (571) 273-2885, on the	smission ng deposited with the Unite rst class mail in an envelop s above, or being facsimil date indicated below.	
				JAMES	JEGEPI JE	(Depositor's name	
C:2501 700.00 OP C:1504 300.00 OP					MARCH C	(Signature) (Date	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/710,992	08/16/2004	James Joseph		elpi JR.		5345	
TITLE OF INVENTION: I	N-LINE STRAP WRENCH						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700)	\$300	\$1000	05/01/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
MEISLIN, DEBRA S		3723		081-064000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth ir (A) NAME OF ASSIGN	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear of T a substitute for f	•• •	gnee is identified below, the o	document has been filed fo	
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the patent): 🗆 Individual 🗖	Corporation or other private gr	roup entity 🔲 Governmen	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
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:	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applicant i	s no longer claiming SM	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
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Authorized Signature	JAMESTO	ELIJ	<u> </u>	Date	MARCH 02,	2006	
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